

Title II of the Americans with Disabilities Act

Section 504 of the Rehabilitation Act of 1973

Discrimination Complaint Form

Instructions: Please fill out this form completely, sign and mail, fax, or email to:

Van Buren Public Transit, ADA Coordinator
610 David Walton Drive, Bangor MI, 49013
Fax: (269) 427-5062
Email: SchlippL@vanburencountymi.gov

Complainant: _____

Address: _____

City, State and Zip Code: _____

Telephone: Home: _____

Telephone: Cell: _____

Business: _____

Person Discriminated Against: _____
(if other than the complainant)

Address: _____

City, State and Zip Code: _____

Telephone: Home: _____ Cell: _____

Business: _____

When did the discrimination occur? Date: _____

[illegible]

Date: _____